

County of Moore Planning and Inspections

Inspections/Permitting: (910) 947-2221 Planning: (910) 947-5010 Fax: (910) 947-1303

STATE OF NORTH CAROLINA
COUNTY OF MOORE
Building Inspections Department

OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

	(Print Full Name)		
initiali	n an exemption from licensure under G.S. 87-1(b)(2) by <u>initialing</u> the relevant provision in paragraphing paragraphs 2-5 below and attesting to the following: I certify that I am the owner of the property set forth above on which this building is to be constructed or altered; OR		
	I am legally authorized to act on behalf of the firm or corporation which is constructing or all this building on the property owned by the firm or corporation as set forth above (name of firm or corporation:);		
2.	I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Arti 1 of Chapter 87 of the General Statutes of North Carolina;		
3.	I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by ar architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;		
4.	I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that the North Carolina Licensing Board for General Contractors determines that I was not entitled to cla this exemption, the building permit issued for the building construction or alteration specified herei shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.		
5.	The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.		
6.	This AFFIDAVIT applies to the following trades: Building Electrical Mechanical Plumbing		
	(Signature of Affiant) Date		
Swor	n to (or affirmed) and Subscribed before me this theday of, 20,		
Signa	ature of Notary Public		
Printe	ed Name of Notary Public		
Mv C	commission Expires: (Notary Stamp or Seal)		



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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE: N.C.G.S. §87-14

The undersigned appl	icant for Building Permit #	being the
Cont	ractor	
Owne	er	
Offic	er/Agent of the Contractor or Owner	
· ·	penalties of perjury that the person(s), set forth in the permit:	, firm(s), or corporation(s)
	has/have three (3) or more employed insurance to cover them,	ees and have obtained workers compensation
	has/have one or more subcontractor insurance to covering them,	r(s) and have obtained workers compensation
		r(s), who has/have no employees and has verage by their contractor or have their own overing themselves,
	has/have not more than two (2) em	ployees and no subcontractors,
	the Inspections Department issuing	hich this permit is sought. It is understood that g the permit may require certificates of coverage time during the permitted work from any g out the work.
Firm Name(print):		
By(sign):		
Title:		
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